## DUE ANNUALLY on or before December 31st of the current year

## Non-NASD Broker-Dealer Renewal

Name of Broker-Dealer	Your Michigan Broker-Dealer number: (This is NOT your CRD number)										
Address	_	n name and title									
				Contact perso	n phone number						
City		State	Zip Code	Contact nerso	n email address						
Check if your address has changed since	Tax ID numb	per (FEIN)		Does Brok	er-Dealer maintain a	Michigan I	oranch	office?	,		
your last renewal				Yes No If yes, please attach a list of Michigan branch office locations.							
Agent listing											
List each agent of this broker-de a substitute list, it must provide the									•		
Name of agent	ne same ii	iioiiiiauoii iii u		3 Name o		ily leadable	турыас	Je, Topt	. OI 1a		
Home address (must be street address-	no PO Boxes	S)		Home address	s (must be street addressr	no PO Boxes)					
City		State	Zip Code	City			State			Zip Code	
Agent Social Security Number				Agent	t Social Security Number						
2 Name of agent				4 Name o	f agent						
Home address (must be street address-	no PO Boxes	3)		Home address	s (must be street addressr	no PO Boxes)					
City	State		Zip Code	City	City		State Zip (				
Agent Social Security Number				Agent	t Social Security Number						
Renewal Fee Calculation—Eactor a \$300 renewal fee PLUS a \$60 Complete table below.			•		Mail completed fo	_					
		Quantity	Amount Due			<i>py</i>					
Broker-Dealer Renewal		1	\$300.00		Office of Financia						
Agent Renewal (quantity x \$65.00)					Qualification Assessment/Licensing Section 611 W Ottawa St						
TOTAL—Make check for full amount due payable in US dollars to: State of Michigan			PO Box 30220 Lansing MI 48909-3127								
			C3 Validation code	: 8							
Certification	4-44			(_ (				11-0		L. C	
I swear under penalty of perjury		-		• •	•					-	
requires broker-dealer audited fil statement with net capital compu				•	ena ot the tirm's fisca	ıı year, and	anothe	r unaudi	ited fil	nancial	
Signature of officer, member or owner			ate signed	Signer's n	ame and title (typed or	r printed)					

Authority: PA 265 of 1964 as amended. Failure to properly file will result in expiration of your registration.

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Phone OFIS toll-free at: 1-877-999-6442